

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

JAMES CLAVIJO, Individually and on Behalf of
All Others Similarly Situated,

Plaintiff(s),

v.

GALENA BIOPHARMA, INC., MARK J. AHN,
RYAN M. DUNLAP, and MARK W. SCHWARTZ,

Defendant(s).

Civil Case No. 3:14-cv-00410-HU

APPLICATION FOR SPECIAL
ADMISSION – *PRO HAC VICE*

Attorney Lesley F. Portnoy requests special admission *pro hac vice* in
the above-captioned case.

Certification of Attorney Seeking *Pro Hac Vice* Admission: I have read and understand the
requirements of LR 83-3, and certify that the following information is correct:

(1) PERSONAL DATA:

Name: Portnoy, Lesley F.

(Last Name)

(First Name)

(MI)

(Suffix)

Firm or Business Affiliation: Pomerantz LLP

Mailing Address: 600 Third Avenue, 20th Floor

City: New York State: N.Y. Zip: 10016

Phone Number: (212) 661-1100 Fax Number: (212) 661-8665

Business E-mail Address: lfportnoy@pomlaw.com

(2) BAR ADMISSIONS INFORMATION:

- (a)** State bar admission(s), date(s) of admission, and bar ID number(s):
Supreme Court of the State of New York, Admitted 4/26/10, Bar ID #4832903

- (b)** Other federal court admission(s), date(s) of admission, and bar ID number(s):
USDC, Eastern District of New York, Admitted 11/2/10, Bar ID# LP-1941
USDC, Southern District of New York, Admitted 11/2/10, Bar ID# LP-1941

(3) CERTIFICATION OF DISCIPLINARY ACTIONS:

- (a)** ☒ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
- (b)** ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)

(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:

I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.

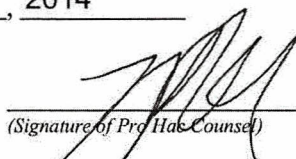
(5) REPRESENTATION STATEMENT:

I am representing the following party(s) in this case:
Plaintiff James Clavijo

(6) CM/ECF REGISTRATION:

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at ord.uscourts.gov), and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 1st day of April, 2014


(Signature of Pro Hac Counsel)

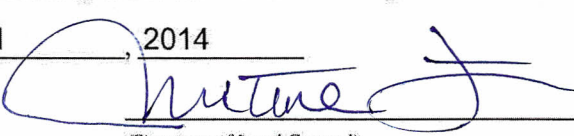
Lesley F. Portnoy

(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 1st day of April, 2014


(Signature of Local Counsel)

Name: Fischer, Justine

(Last Name)

(First Name)

(MI)

(Suffix)

Oregon State Bar Number: 81224

Firm or Business Affiliation: Justine Fischer, Attorney at Law

Mailing Address: 710 SW Madison Street, Suite 400

City: Portland State: OR Zip: 97205

Phone Number: (503) 222-4326 Business E-mail Address: JFAttyOR@aol.com

COURT ACTION

- ☐ Application approved subject to payment of fees.
☐ Application denied.

DATED this _____ day of _____, _____

Judge